## **ASSURANCES**

Name of Applicant				
At the time of application, the applicant assures that:				
1.	<ol> <li>The activities and services for which financial assistance is sought will be active applicant organization.</li> </ol>			dministered by
2.	It will comply with existing local, state and federal laws that prohibit discrimination based race, color, national origin, age, sex, sexual preference, or disability.			nation based on
3.	It is not knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program that includes obscene material as defined in Section 43.21, Penal Code of Texas.			
4.	It will include in all published materials and announcements regarding funded activities, a acknowledgement that the activities are "supported (in part) by the City of San Antonio Department of Arts and Cultural Affairs and the Texas Commission on the Arts".			
5.	It will maintain auditable financial records reflecting generally accepted accounting standards related to their overall activities, submit itemized reports or expenditures as required by established City procedures, and submit timely reports reflecting the progress made in achieving the approved goals and objectives of the recipients.			
I acknowledge the assurances, the review of the application, required attachments and certify its completeness.				
Authorized Official(s):				
Board	Chair Si	gnature		
and		ped Name	Title	Date
Director of Organization				
	Sig	gnature	•••••	
	 Туן	ped Name	Γitle	Date
If applicable, fiscal sponsor acknowledges submittal of project application				
	Sig	Signature (Director or Board Chair)		
	 Ту <sub>ј</sub>	ped Name	 Γitle	Date